

MARSH**CERTIFICATE OF INSURANCE**CERTIFICATE NUMBER
NYC-002170282-07**PRODUCER**Marsh USA Inc.
1166 Avenue of Americas
New York, NY 10036THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS
NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE
POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE
AFFORDED BY THE POLICIES DESCRIBED HEREIN.**COMPANIES AFFORDING COVERAGE**

COMPANY

A AMERICAN HOME ASSURANCE CO

COMPANY

B N/A

COMPANY

C N/A

COMPANY

D N/A

014026-all-gawc-2002

INSURED

Mercer Investment Consulting

COVERAGES

This certificate supersedes and replaces any previously issued certificate for the policy period noted below.

1

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED.
NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY
PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. AGGREGATE
LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	GL 5748594	09/30/05	09/30/06	GENERAL AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	\$ 2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$ 1,000,000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ 1,000,000
					FIRE DAMAGE (Any one fire)	\$ 1,000,000
					MED EXP (Any one person)	\$ 25,000
A	AUTOMOBILE LIABILITY	CA 3017741 (AOS)	09/30/05	09/30/06	COMBINED SINGLE LIMIT	\$ 1,000,000
A	<input checked="" type="checkbox"/> ANY AUTO	CA 3017742 (MA)	09/30/05	09/30/06		
A	<input type="checkbox"/> ALL OWNED AUTOS	CA 3017743 (TEXAS)	09/30/05	09/30/06	BODILY INJURY (Per person)	\$
A	<input type="checkbox"/> SCHEDULED AUTOS	CA 3017744 (VA)	09/30/05	09/30/06	BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE	\$
	<input type="checkbox"/> NON-OWNED AUTOS					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials and employees are included as additional insureds as required by written contract.

CERTIFICATE HOLDERArizona Health Care Cost
Containment System
Contracts and Purchasing Section (First Floor)
701 E. Jefferson, MD5700
Phoenix, AZ 85034**CANCELLATION**SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF,
THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE
CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR
LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES, OR THE
ISSUER OF THIS CERTIFICATE.

MARSH USA INC.

BY: Ricki Fitzsimmons

MM1(3/02)

VALID AS OF: 06/02/06

CERTIFICATE OF INSURANCE

INSURED: Mercer Investment Consulting
INSURER: Epsilon Insurance Company, Ltd.
POLICY NUMBER: EO05060930
POLICY PERIOD: September 30, 2005 – September 30, 2006
LIMIT OF LIABILITY: Each Claim Aggregate
\$10,000,000 \$10,000,000
TYPE OF INSURANCE: Professional Liability

CERTIFICATE HOLDER: Arizona Health Care Cost
Containment System
Contracts and Purchasing Section (First Floor)
701 E. Jefferson, MD5700
Phoenix, AZ 85034

Should the above described policy be cancelled before the expiration date thereof, the Insurer will endeavor to mail 30 days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the Insured, the Insurer, their manager, agents or representatives.



Michael A. Waskom
Vice President & Corporate Risk Manager
Marsh & McLennan Companies, Inc.

Date: June 2, 2006

PLEASE REFER ALL INQUIRIES TO MARSH & MCLENNAN COMPANIES, INC.,
RISK MANAGEMENT DEPT., 1166 AVENUE OF THE AMERICAS, NEW YORK,
NEW YORK 10036

DO NOT SEND TO IRS

Vendor MUST Print
or Type information

STATE OF ARIZONA

SUBSTITUTE W-9 & VENDOR AUTHORIZATION FORM

DO NOT SEND TO IRS

Vendor MUST Print
or Type information

☒ Taxpayer Identification Number (TIN) **34-2015463**
☒ TIN ☒ Employer Identification Number (EIN) ☒ State of Arizona HRIS EIN
☐ Type ☐ Social Security Number (SSN) ☐ State of Arizona Employees ONLY

☒ Legal Name
 Must match TIN above

Mercer Health & Benefits

☒ Entity Type Select one of the following

- ☒ Corporation (NOT providing health care, medical or legal services) (5A)
☐ Corporation (providing health care, medical or legal services) (5M)
☐ Partnership, LLP (5T)
☐ PLLC, LLC (5C)
☐ Individual/Sole Proprietor (6I)
☐ The US or any of its political subdivisions or instrumentalities (2G)
☐ A state, a possession of the US, or any of their political subdivisions or instrumentalities (4G)
☐ Tax-exempt organization under IRC §501 (5O)
☐ An international organization or any of its agencies or instrumentalities (5U)
☐ State of Arizona employee (1E)
☐ Other, Tax reportable entity (5P)

☒ Main Address

Where tax information and general correspondence is to be mailed

DBA/Branch/Location

Mercer Government Human Services Consulting

Address

3131 E. Camelback Road, Suite 300

Address continued

City

Phoenix

State

AZ

Zip code

85016

☒ Remit to Address

☒ Same as Main

DBA/Branch/Location

Address

Address continued

City

State

Zip code

☒ Minority Business Indicator Select one of the following

- ☐ Small Business (01)
☐ Small Business- African American (23)
☐ Small Business- Asian (24)
☐ Small Business- Hispanic (25)
☐ Small Business- Native American (27)
☐ Small Business- Other Minority (05)
☐ Small, Woman Owned Business (06)
☐ Small, Woman Owned Business- African American (29)
☐ Small, Woman Owned Business- Asian (30)
☐ Small, Woman Owned Business- Hispanic (31)
☐ Small, Woman Owned Business- Native American (33)
☐ Small, Woman Owned Business- Other Minority (11)
☐ Woman Owned Business (03)
☐ Woman Owned Business- African American (17)
☐ Woman Owned Business- Asian (18)
☐ Woman Owned Business- Hispanic (19)
☐ Woman Owned Business- Native American (21)
☐ Woman Owned Business- Other Minority (08)
☐ Minority Owned Business- African American (04)
☐ Minority Owned Business- Asian (32)
☐ Minority Owned Business- Hispanic (74)
☐ Minority Owned Business- Native American (15)
☐ Minority Owned Business- Other Minority (02)
☐ Non-Profit, IRC §501(c) (88)
☐ Non-Small, Non-Minority or Non-Woman Owned Business (00)

☒ Contact Information

Name

Mark Hoyt, FSA

Phone #

602 522 6535

EXT

Fax

602 957 9573

email

mark.hoyt@mercercor.com

☒ Certification

Under Penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) AND
 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding AND
 3. I am a U.S. person (including U.S. resident alien).

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature

Mark S. Hoyt

Title

Principal

Date

6/6/06

STATE OF ARIZONA AGENCY USE ONLY

VENDOR: DO NOT WRITE BELOW THIS LINE

AGY

Agency Authorization

Phone #

Date

STATE OF ARIZONA GAO USE ONLY

VENDOR & STATE AGENCY: DO NOT WRITE BELOW THIS LINE

☐ IRS TIN Matching

☐ Corporation Commission

☐ HRIS

☐ Other

☐ Other

Vendor Number

MC

Processed by

Date Processed